U.C. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Managemen and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



	QLMS OFF
1. File Number U-	2. Fiscal Year Covered From:
.597.5	7 / 01 / 04 Through: 6 / 30 / 05
Name and address of person filing.	Name, file number, and address of labor organization.
Name John P. Thomas	Name Plumbers & Steamfitters Local Labor Organization File Number Union 659 5/3665
P.O. Box, Bldg., Room No., if any P.O. Box 2567	P.O. Box, Building and Room Number, if any P.O. Box 2567
Street 1900 Pine St.	Street 1900 Pine St.
City Monroe	City Monroe
State LA. ZIP Code + 4 71207 - 256	7 State LA. ZIP Code + 4 71207 - 2567
5. Position in labor organization.	7 (207-230)
Business Manager	and the company of th
Enter appropriate data below if, during the past fiscal year, you or your spou	
A. Held an interest in, engaged in transactions (including loans) with, or de	·

6. Name and	lue from an employer whose employees your organiza address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	to the second of	
Trade Name		
P.O. Box, Blo	dg., Room No., if any	
Street	green some state of the	7.b, Amount.
City	Line Substitution Substitution of the Control of th	The second secon
State	ZIP Code + 4	

_				
Si	aı	กล	tı	ire

15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompandersigned's knowledge and belief, true, correct, and complete. (See the second complete)	of Perjury and other applicable penying documents), has been exar section on penalties in the instruc	enalties of the law, that all of the information mined by the signatory and is, to the best of the tions.)
Signed John P Thomas	_{On} 7/25/05	318/322-4520

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Plumbers & Steamfitters LU 659

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 2567

Street 1900 Pine St.

City Monroe ·

State La. ZIP Code + 4 71207-2567

10. If 9.b. or 9.c. is checked give trust or employer's name.

Texas Pipe Trades Health Benefit Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 860007

Street

City Plano

State Tx.

ZIP Code + 4 75086-000

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

11.a. Nature of such dealing.

Reimbursement of travel & lodging expenses for Trustee Board Meeting in Dallas, Texas.

11.b. Approximate dollar value of such dealing. **\$398.17**

12.a. Nature of interest held or income received.

12.b. Amount.

14.a. Nature of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

Name

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

14.b. Amount of payment.